## Labor Organization Officer and Employee Report

## U.S. Department o bo

Employment Standards Adm.....iration Office of Labor-Management Standards





This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 07-31-2004

			_	-1100-
. Name and address of person filing		2. Name and address of	of labor organization	-
Bruce Raynor, President UNITE General Office 275 Seventh Avenue, 11th Floor				
New York, NY 10001				
3. Position in labor organization	4. Date fiscal year	ended	5. File number (If as	ssigned)
	12/31/2002	None 4/933		
Enter appropriate data below if, during the past i lerests (except as specified in the exclusions se			d directly or indirectly ha	d any of the following in-
<ul> <li>Held an interest in, engaged in transactions employer whose employees your organization</li> </ul>				monetary value from an
5. Name of Employer		Address of Employer	275 Seventh Avenue	11th Floor
UNITE			New York, NY 10001	, 114 11001
7. Nature of Interest, Transaction or Income				
Member of the Board of Directors	of Amalgamated B	ank and Shareholde	er of same	
B. Held an interest in or derived income or econo from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which co organization or with a trust in which your labor or	with the business of an onsists of buying from o	n employer whose emplo or selling or leasing direct	yees your labor organization	on represents or is actively
B. Name of business	-	Address of business		
Amalgamated Bank Of New York		15 Union Square New York, NY 10003		
9. Business deals with—		10. If 9B or 9C is check	ed give trust or employer's	s name
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer			
50 Class A/Voting Shares and 50 in the state of interest held or income received \$1,322.82	Aremco/Preffered	B Shares valued at	\$305.00 per share	OCT292003
C. Received from any employer (other than an	emolayer covered und	or narts A and B above)	or from any labor relations	consultant to an employer
any payment of money or other thing of value	empoyer covered and	in paners and a above,	or mornary room relations	
Name and address of employer	or consultant	14. Nature of payment		
None		None		
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL	SHEETS	
15. Signature and verification—The undersigned the attachments incorporated therein or referre correct and complete.	declares, under the ag ed to in this report, has	plicable penalties of the been examined by him	law, that all of the informa and is, to the best of his	tion in this report, including knowledge and belief, true,
signed: I Stille Mark	at New York,	NY		_ on _ 10/22/03
	City		State	Date
4				Form LM-30 (Rev. 1986)